

OUTSIDE PRODUCTION TRACKING FORM
Compliance and Cablecast Request

Producer Name: _____ Date: **MM/DD/YY**

Phone Number: _____ E-mail: _____

Production Title: _____ Episode: _____

Program Description: _____

Filename of Media: _____ TRT:

:	:
:	:

HRS:MIN:SEC

Production Facilities Used: _____

Requested Playback Date/Time*: _____

From: _____ To: _____

Resident Making Request: _____

Address: _____

City: _____ State: _____ Zip Code: _____

MM/DD/YY

RESIDENT SIGNATURE

DATE

I agree. By checking this box with an 'X' and submitting this document electronically, you agree that you have read, understand, and will comply with the SOUTHWEST SUBURBAN POLICIES AND PROCEDURES FOR PUBLIC ACCESS PLAYBACK and that the OUTSIDE PRODUCTION TRACKING FORM is accurate to the best of your knowledge.

DO NOT SUBMIT MASTER COPIES FOR PLAYBACK

The City of Edina is not responsible for any damaged or lost media.

**We will do our best to accommodate your requests for playback*